		ty CSEA Strout	Toll Free Number:	(800) 827-3740
80 East Fulton Street Columbus, OH 43215			Fax Number:	(614) 719-8523
	·			
Reques	tor's Na	ame:		
Reques			· -	
			,	
		Da	te:	
Case N		Child Support Oblige	or:	<u></u>
Order Number:		: Child Support Oblige	e:	
		Request for an Adminis		
		of the Child Suppo	ort Order	
I reques	t an adm	ninistrative review and adjustment of my child support or	fer, including the medica	I support provisions and any arrears
paymen	ts, as s e t	forth in Ohio Administrative Code (OAC) rules 5101:12 priate box):		
_		,		
∐ It h	as been a	at least 36 months since the date of the most recent child	support order.	
		less than 36 months ago since the date of the most recent		
		e which has changed. I have attached any required evide		
	uirea ad Lbe deni	ocument is not submitted to the Child Support Enforc ied.]	ement Agency (CSEA)	with this request, your request
		•		Land the Child Company Chidelines
1.		The existing order established a minimum or a reduced due to the unemployment or underemployment of the o		
		underemployed. The requesting party must provide to	the CSEA relevant cyider	
		allegation of the change in the obligor's employment sta	itus.	
2.		☐ I am ☐ The other party is unemployed or laid off,		
		and the unemployment or lay off has continued uninternal administrative review must provide to the CSEA relevan		
		the unemployment or lay off is beyond the party's conti		
		calculated based on the annualized income of an individ-	lual who is employed in a	a seasonal occupation, and the
		cause of the request for a review is a seasonal lay off, the review under this section.	ien the party does not me	et the criteria for an administrative
3.		I am The other party is unemployed due to a plan		
		Adjustment and Retraining Notification (WARN) Act, may only be made after the worker's last day of employ		
		notice of the plant closing or mass layoff provided purs		
4.		☐ I am ☐ The other party is permanently disabled red	hoing his or her earning:	ability. The requestor must provide
	L	to the CSEA verification of receipt of benefits administ		
		disability and/or a physician's complete diagnosis and p	ermanent disability deter	mination.
5.		☐ I am ☐ The other party is institutionalized or incar	cerated and cannot pay s	upport for the duration of the child's
		minority and no income or assets are available to the pa	irty which could be levied	d or attached for support. The
		requestor must provide evidence of the institutionalizat the child's minority,	ion or incarceration and t	ne machility to pay support during
6.		☐ I have ☐ The other party has experienced a thirty p	ercent decrease, which is	s beyond the party's control, or a

support obligation for a child of the existing support order.

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7.

thirty per cent increase in gross income or income-producing assets for a period of at least six months and which can reasonably be expected to continue for an extended period of time. The party requesting the administrative review must provide to the CSEA relevant evidence or information supporting an allegation of a change in status.

The child support order is not in compliance with the Ohio Child Support Guidelines due to the termination of the

8.			and I want to add that child to an existing administrative child support ninistrative child support orders for children I have in common with		
9.			health insurance coverage that is available for the child. The evant evidence or information supporting the allegation that access to ailable.		
10.		insurance coverage or child care for the child we child support obligation based on the current Ch provide to the CSEA relevant evidence or inform of private health insurance or child care. If the re-	on increase or decrease in the cost of ordered private health which is expected to result in a change of more than ten percent to the hild Support Guidelines calculation. The requesting party must mation supporting an allegation of an increase or decrease in the cost request is based on a change in the cost of private health insurance, evidence regarding the cost of a family plan and the cost of an		
11.		reasonable in cost and/or accessible. The re-	eing provided in accordance with the child support order is no longer requesting party must provide to the CSEA relevant evidence or e private health insurance is no longer reasonable in cost and/or		
12.		should not be ordered to pay cash medic http://www.aspe.hhs.gov/poverty or by contact	innual gross income is now below 150% of the federal poverty level and I in medical support (the federal poverty guidelines can be found at contacting the CSEA). The obligor must provide to the CSEA relevant allegation that his or her annual gross income is below 150% of the federal		
13.		am the obligor and I am a member of the uniformed services who has been called to active service for a period of nore than thirty (30) days. If I have checked this box, I have attached a military Power of Attorney to permit a lesignated person to act on my behalf in the administrative review.			
14.		A temporary adjustment order pursuant to OAC rule 5101:12-60-05.2 was issued, the obligor's term of active military service has ended, and the obligor has provided the CSEA written documentation sufficient to establish that the obligor's employer has violated the Uniformed Services Employment and Reemployment Rights Act, 38 U.S.C. 4301 to 4333.			
child supp	oort arde		services on all child support cases, including the review and adjustment of a rvices that are not available to a "non-IV-D case." If you have a "non-IV-D application		
and determent. The notice	mine who c will be iformatic	ether a review should be conducted. Both parties to the mailed to the last known address of both parties. The root, and any other information necessary to properly rev	d adjustment and any required evidence, the CSEA will review your request e order will be notified of the date and location of the administrative review. notification will also request that you provide financial information, medical view the child support order. If your request is denied, the CSEA will send		
an admin	istratīve	that you may not dismiss your request for an admini e review may result in the monthly support obligation provisions.	istrative review on or after the scheduled review date. Also, requesting on increasing, decreasing, or remaining the same or in a change in the		
PLEASE	LIST	ALL DOCUMENTS THAT YOU ATTACHED:			
		117 (See Add Add Add Add Add Add Add Add Add A			
-		our current address if different from page 1;	Signature of Requestor		
Address:	_		N' 1777-		
	_		Date Daytime Telephone Number		
			Davinie Telephone Munioti		

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